

# 2003 AR1000S ARKANSAS INDIVIDUAL INCOME TAX RETURN

## Full Year Resident/Short Form

# S

Jan 1 - Dec 31, 2003 or fiscal year ending \_\_\_\_\_, 20\_\_

Dept. Use Only

USE LABEL, PRINT OR TYPE	FIRST NAME(S) AND INITIAL(S) <i>(List both if applicable)</i>	LAST NAME(S) <i>(See Instructions)</i>	YOUR SOCIAL SECURITY NUMBER			
	PRESENT ADDRESS - NUMBER AND STREET, APARTMENT OR RURAL ROUTE		SPOUSE'S SOCIAL SECURITY NUMBER			
	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE		HOME TELEPHONE:  WORK TELEPHONE:			
FILING STATUS Check only one box	1. <input type="checkbox"/> SINGLE <i>(Or widowed before 2003 or divorced at end of 2003)</i> 2. <input type="checkbox"/> MARRIED FILING JOINT <i>(Even if only one had income)</i> 3. <input type="checkbox"/> HEAD OF HOUSEHOLD <i>(See Instructions)</i> If the qualifying person is your child but not your dependent, enter child's name here: _____		4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN 5. <b>IF FILING STATUS 5, USE AR1000/AR1000NR - LONG FORM</b> 6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child. Year spouse died: <i>(See Instructions)</i> _____			
	HAVE YOU FILED A FEDERAL EXTENSION? <input type="checkbox"/> <small>Check box if you have filed an Automatic Federal Extension Form 4868.</small>					
PERSONAL CREDITS	7A. <input type="checkbox"/> YOURSELF • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/QUALIFYING WIDOW(ER)					
	7B. First name(s) of dependents: <i>(Do not list yourself or spouse)</i> Multiply number of boxes checked from Line 7A <input type="checkbox"/> X \$20 = _____ 00					
	7C. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A and 7B. Enter total here and on Line 18)</i> ..... 7C _____ 00					
INCOME	<b>ROUND ALL INCOME FIGURES TO WHOLE DOLLARS</b>					
			(A) Your/Total Income	(B) Spouse Income Status 4 Only		
	8. Wages, salaries, tips, etc.: ..... 8	00	8	00		
	9. Interest income/dividend income: <i>(If either interest or dividend are over \$1,500, attach page ARS2)</i> ..... 9	00	9	00		
	10. Miscellaneous income: <i>(List type and amount. See Instructions)</i> ..... 10	00	10	00		
	11. TOTAL INCOME: <i>(Add Lines 8 through 10)</i> ..... 11	00	11	00		
DEDUCTIONS TAX COMPUTATION	12. Select Tax Table: <input type="checkbox"/> <b>LOW INCOME Table 1</b> <input type="checkbox"/> <b>REGULAR Table 2</b>					
	Standard Deduction: <i>(See Instructions)</i>					
	NOTE: If you qualify for the Low Income Table, enter zero (0) on Line 12. .... 12		00	12	00	
	13. Taxable Income: <i>(Subtract Line 12 from Line 11)</i> ..... 13		00	13	00	
	14. Enter tax from table: ..... 14		00	14	00	
	15. Combined tax: <i>(Add Lines 14A and 14B)</i> ..... 15			15	00	
	16. Income Tax Surcharge: <i>(Multiply Line 15 by .03)</i> ..... 16			16	00	
	17. TOTAL TAX: Add Lines 15 and 16). .... 17		17	00		
TAX CREDITS	18. Personal Tax Credits. <i>(Enter total from Line 7C)</i> ..... 18		00			
	19. Child Care Credit: <i>(Attach Federal schedule, 20% of Federal credit allowed.)</i> ..... 19		00			
	20. TOTAL CREDITS: <i>(Add Lines 18 and 19)</i> ..... 20			20	00	
	21. NET TAX: <i>(Subtract Line 20 from Line 17. If Line 20 is greater than Line 17, enter 0)</i> ..... 21			21	00	
PAYMENTS	22. Arkansas Income Tax withheld: <i>(Attach State copies of W-2 Form(s))</i> ..... 22		00			
	23. Early Childhood Program: Certification Number: _____ <i>(Attach Fed. Form 2441 or 1040A, Sch. 2 &amp; Cert. Form AR1000EC, 20% of Fed. credit allowed.)</i> .... 23		00			
	24. TOTAL PAYMENTS: <i>(Add Lines 22 and 23)</i> ..... 24			24	00	
REFUND OR TAX DUE	25. AMOUNT OF OVERPAYMENT/REFUND: <i>(If Line 24 is greater than Line 21, enter difference)</i> ..... 25			25	00	
	26. Amount of Check-off Contributions: <i>(Attach Schedule AR1000-CO)</i> ..... 26		00			
	27. AMOUNT TO BE REFUNDED TO YOU: <i>(Subtract Line 26 from Line 25)</i> ..... REFUND 27			27	00	
	28. Amount Due: <i>(If Line 24 is less than Line 21, enter the difference; If over \$1,000 see instructions)</i> ..... TAX DUE 28			28	00	
PLEASE SIGN HERE	<b>PLEASE SIGN HERE:</b> Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	Your Signature		Occupation	Date	May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse's Signature		Occupation	Date			
PAID PREPARER	Paid Preparer's Signature		ID Number/Social Security Number		<b>For Department Use Only</b>	
	Preparer's Name		City/State/Zip		A	
	Address		Telephone Number		B	
					C	
				D		
				E		
				F		



### Mailing Information

Mail **REFUND** returns to: DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000.  
 Mail **TAX DUE** returns to: DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144.  
 Mail **NO TAX DUE** returns to: DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026.

<b>Part 1      INTEREST INCOME</b>				<b>Part 2      DIVIDEND INCOME</b>			
<p>Interest on bank deposits, notes, mortgages, interest from individuals, corporation bonds, savings and loan deposits and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.</p> <p>List below the names of the interest source and designate the ownership by writing Y (Yours), S (Spouse's) or J (Joint).</p>				<p>Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.</p> <p>List below the names of the dividend source and designate the ownership by writing Y (Yours), S (Spouse's) or J (Joint).</p>			
Y S J	NAME OF PAYER	AMOUNT		Y S J	NAME OF PAYER	AMOUNT	
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
<b>Total Interest Income:</b> <i>Enter here and on Line 9. ....</i>			00	<b>Total Dividend Income:</b> <i>Enter here and on Line 9. ....</i>			00

## CHECKLIST FOR AR1000S FILERS

This checklist is to help you make sure that your form is filled out correctly. Errors may delay your refund.

- ☐ 1. Is your name and address correct on the preprinted label? If not, did you enter the name and address for you and your spouse in the space provided?
- ☐ 2. Did you enter the Social Security Number for you and your spouse in the space provided?
- ☐ 3. Did you use the correct filing status column and taxable income to find your tax in the tax table?
- ☐ 4. Did you attach your W-2 Form(s)?
- ☐ 5. Did you add and subtract correctly especially when figuring your refund or amount you owe?
- ☐ 6. Did you sign and date your return?
- ☐ 7. Did you keep for your records a copy of your return?
- ☐ 8. Please note new due date: APRIL 15, 2004.